

What are your child's academic needs? _____

Has your child ever been retained or considered for retention? (circle) yes no what grade? _____

Place an "X" below to describe your child's work habits and behaviors

	Seldom	Sometimes	Most of the time	All of the time
Accurately follows instructions				
Completes/returns work on time				
Motivated to achieve				
Well-organized				
Works independently				
Cooperates with others				
Has high self-esteem				
Enjoys school				
Respects peers				
Respects authority				

Please indicate your child's overall academic performance for the current school year: (circle)

Low

Average

Above average

Outstanding

What additional information should be considered in placement? If your child has received or has been assessed for special services (speech, occupational or physical therapy, etc.), please provide copies of reports.

Parent signature: _____ Date: _____

Please return this form with your child's registration packet. Attach any additional information from your child's previous school if you feel it might be helpful. The principal is responsible for final class placement.